

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City Cheshire State CT Zip Code 06410 Purpose of Disbursement Contribution Candidate Name Rep. Christopher Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18626155 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
		Amount of Each Disbursement this Period 500.00	Contribution
B.	Full Name (Last, First, Middle Initial) Moran For Congress Mailing Address 311 North Washington Street Suite 200I City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Rep. James P. Moran Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18626162 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Ryan For Congress Mailing Address P. O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement Contribution Candidate Name Rep. Paul D. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18626163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0	
		Amount of Each Disbursement this Period 2500.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	